

FL

OFFICE of VITAL STATISTICS
CERTIFIED COPY

FL

OCAL FILE NO. PRESUMPTIVE

FLORIDA CERTIFICATE OF DEATH

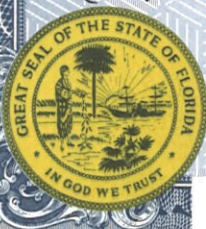
2006-171502

1. DECEDENT'S NAME (First, Middle, Last, Suffix) SANDOR VARGA		2. SEX MALE	
3. DATE OF BIRTH (Month, Day, Year) MARCH 3, 1955	4a. AGE-Last Birthday (Years) 49	4b. UNDER 1 YEAR Months Days	4c. UNDER 1 DAY Hours Minutes
5. DATE OF DEATH (Month, Day, Year) MAY 26, 2006			
6. SOCIAL SECURITY NUMBER 594-17-2552	7. BIRTHPLACE (City and State or Foreign Country) HUNGARY		8. COUNTY OF DEATH HILLSBOROUGH
9. PLACE OF DEATH (Check only one) HOSPITAL: Inpatient Emergency Room/Outpatient Dead on Arrival NON-HOSPITAL: Hospice facility Nursing Home/Long Term Care Facility Decedent's Home <input checked="" type="checkbox"/> Other (Specify) UNKNOWN			
10. FACILITY NAME (If not institution, give street address) NONE		11a. CITY, TOWN, OR LOCATION OF DEATH UNKNOWN	11b. INSIDE CITY LIMITS? UNKNOWN
12. MARITAL STATUS (Specify) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married		13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) MARIA CARMEN VARGA	
14a. RESIDENCE - STATE FLORIDA	14b. COUNTY HILLSBOROUGH	14c. CITY, TOWN, OR LOCATION BRANDON	
14d. STREET ADDRESS 318 LAKE DRIVE		14e. APT. NO.	14f. ZIP CODE 33510
14g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired" CONSTRUCTION		15b. KIND OF BUSINESS/INDUSTRY	
16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl. (Specify) <input type="checkbox"/> Other (Specify)			
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian			
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input checked="" type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate		19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
20. FATHER'S NAME (First, Middle, Last, Suffix) STEVE VARGA		21. MOTHER'S NAME (First, Middle, Maiden Surname) MARIA VARGA (maiden name unknown)	
22a. INFORMANT'S NAME MARIA CARMEN VARGA		22b. RELATIONSHIP TO DECEDENT SPOUSE	23a. INFORMANT'S MAILING - STATE FLORIDA
23b. CITY OR TOWN BRANDON		23c. STREET ADDRESS 318 LAKE DRIVE	
23d. ZIP CODE 33510			
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) UNKNOWN		25a. LOCATION - STATE UNKNOWN	25b. LOCATION - CITY OR TOWN UNKNOWN
26a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input checked="" type="checkbox"/> Other (Specify) UNKNOWN			
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		27a. LICENSE NUMBER (of Licensee) N/A	27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH N/A
28. NAME OF FUNERAL FACILITY		29a. FACILITY'S MAILING - STATE	
29b. CITY OR TOWN		29c. STREET ADDRESS	
29d. ZIP CODE			
30. CERTIFIER: <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) <input checked="" type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.			
31a. (Signature and Title of Certifier) Claudia R. Isom, Circuit Judge, Hillsborough County		31b. DATE SIGNED (mm/dd/yyyy) 11/14/2011	32. TIME OF DEATH (24 hr.) UNKNOWN
33. MEDICAL EXAMINER'S CASE NUMBER NONE			
34a. LICENSE NUMBER (of Certifier) 1354 CIRCUIT GROUP 15		34b. CERTIFIER'S NAME CLAUDIA R. ISOM, CIRCUIT JUDGE, HILLSBOROUGH COUNTY	
35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)			
36a. CERTIFIER'S - STATE FL		36b. CITY OR TOWN TAMPA	
36c. STREET ADDRESS 800 E. TWIGGS STREET		36d. ZIP CODE 33602	
37. SUBREGISTRAR - Signature and Date C. Meade Griggs		38a. LOCAL REGISTRAR - Signature C. Meade Griggs	
38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) 02-09-2012			

C. Meade Griggs

, State Registrar

Date Issued: FEB 15 2012



WARNING:

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DH FORM 1947 (08/04)

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CERTIFICATION OF VITAL RECORD

